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**BOX AF**NOTICE OF APPEAL FROM THE PRIMARY EXAMINER  
TO THE BOARD OF APPEALS

David A. Edwards and Jeffrey S. Hrkach

**RECEIVED**

Application No.: 09/822,716

Group: 1615

OCT 30 2003

Filed: March 30, 2001

Examiner Amy E. Pulliam

TECH CENTER 1600/2900

Confirmation No.: 7248

For: PARTICLES FOR INHALATION HAVING SUSTAINED RELEASE PROPERTIES

CERTIFICATE OF MAILING OR TRANSMISSION	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or is being facsimile transmitted to the United States Patent and Trademark Office on:	
10-23-03	Hollie Wakefield
Date	Signature
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Mail Stop AF  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Sir:

Applicants hereby appeal to the Board of Appeals from the decision dated April 23, 2003 of the Primary Examiner finally rejecting Claims 1-52. The item(s) checked below are appropriate:

1. ☐ Applicant hereby petitions to extend the time for filing a Notice of Appeal in response to the Office Action Made Final dated [ ] for [ ] month(s) from [ ] to [ ].
2. ☐ A [ ] month extension of time to respond to the Office Action Made Final dated [ ] was filed on [ ] with payment of a \$[ ] fee.  
☐ Applicant hereby petitions for an additional [ ] month extension of time to respond to the Office Action Made Final.
3. ☐ A Request for Oral Hearing before the Board of Patent Appeals and Interferences is being filed concurrently herewith.

4. Fees are submitted for the following:			
<input checked="" type="checkbox"/>	Extension of Time for three months	\$	950
<input type="checkbox"/>	Additional Extension of Time:		
	no.)	\$	
		\$	
	Balance of fee due	\$	0
<input checked="" type="checkbox"/>	Notice of Appeal	\$	330
<input type="checkbox"/>	Other	\$	
	TOTAL		\$ 1280

5. The method of payment for the total fees is as follows:

☒ A check in the amount of 1,280.00 is enclosed.

☐ Please charge Deposit Account No. in the amount of \$[ ].

Please charge any deficiency or credit any overpayment in the fees that may be due in this matter to Deposit Account No. 000038421. A copy of this document is enclosed for accounting purposes.

Respectfully submitted,

ELMORE CRAIG, P.C.

By



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Date: 10/23/03